

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be reimbursement of \$5,653.00 for dates of service 12/19/01 and extending through 03/15/02.
- b. The request was received on 07/05/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60 and Letter Requesting Dispute Resolution
  - b. HCFA(s)
  - c. TWCC 62 forms
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. The Respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: Letter dated 07/19/02  
  
"DOS where NO EOB WAS RECEIVED- Carrier was initially billed and didn't respond. ... "Response SHALL NOT address new or additional denial reasons or defenses after the filing of an initial request."
2. Respondent: Did not respond to this dispute.

### **IV. FINDINGS**

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on 12/19/01 and extending through 03/15/02 per the updated table submitted on 12/05/02.
2. The denial code listed on the submitted EOBs is "Entitlement to benefits (E)-Claim denied as not compensable."

3. The dates of service in dispute with no EOBs submitted, will be decided as a Fee Dispute.
4. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
12/19/01 12/20/01 12/27/01 01/15/02 01/16/02 01/23/02 02/01/02 02/05/02 02/06/02 02/08/02 02/11/02 02/12/02 02/14/02 02/19/02 02/20/02 03/04/02 03/12/02 03/15/02	97122	\$35.00 \$35.00 \$35.00 \$35.00 \$35.00 \$35.00 \$35.00 \$35.00 \$35.00 \$35.00 \$35.00 \$35.00 \$35.00 \$35.00 \$35.00 \$35.00 \$35.00 \$35.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	No EOB No EOB No EOB No EOB No EOB No EOB E No EOB E E E E E E E E E E No EOB	\$35.00 (per 15 minutes)	MFG MGR (I)(A)(10) CPT descriptor	<p>The provider billed CPT code 97122.</p> <p>“Procedures (Supervision by the doctor or HCP, in either a group (97150) or one-to-one (97110-97139) setting is required.”</p> <p>The notes are descriptive of modalities performed, length of procedures, and response from injured worker on how the therapy session helped the claimant.</p> <p>However, the SOAP notes do not support any clinical (mental or physical) reason as to why the patient could not have performed his exercises in a group setting, with supervision, as opposed to one-to-one therapy. Recent review of disputes involving CPT Code 97122 by the Medical Dispute Resolution Division indicate overall deficiencies in the adequacy of the documentation of this code. The disputes indicate confusion regarding what constitutes “one-on-one.”</p> <p>The Medical Review Division has reviewed the matters in light of all of the Commission requirements for proper documentation and concludes, there is insufficient documentation to allow reimbursement beyond one unit on each date of service. It would appear logical to reimburse 1 unit of a 1-1 code in order for the therapist to instruct the claimant on the exercise and to make sure that the claimant is doing them correctly. Therefore, reimbursement is recommended for the dates of service that have no EOBs, in the amount of <b>\$280.00</b>. (\$35.00 x 8).</p> <p>According to the CCH dated 05/03/02, “On ____, claimant sustained a compensable injury to his lumbar spine. Therefore, for the dates of service denied “E”, reimbursement is recommended in the amount of <b>\$350.00</b>. (\$35.00 x 10) utilizing the same rationale as above.</p> <p>Medical documentation indicates that the services were rendered. Therefore, reimbursement is recommended in the total amount of <b>\$630.00</b>. (\$35.00 x 18).</p>

## MDR: M4-02-4253-01

12/20/01	97265	\$43.00	\$0.00	No EOB	\$43.00	MGR (I)(A)(10); CPT Descriptor	<p>Medical documentation indicates that the services were rendered and billed according to the CPT descriptor. Therefore, reimbursement is recommended for the dates of service that have no EOBs, in the amount of <b>\$387.00</b>. (\$43.00 x9).</p> <p>According to the CCH dated 05/03/02, "On ____, claimant sustained a compensable injury to his lumbar spine. Therefore, for the dates of service denied "E", reimbursement is recommended in the amount of <b>\$860.00</b>. (\$43.00 x20).</p> <p>The total amount to be reimbursed for this CPT code is <b>\$1,247.00</b>.</p>
12/27/01		\$43.00	\$0.00	No EOB			
01/02/02		\$43.00	\$0.00	No EOB			
01/03/02		\$43.00	\$0.00	E			
01/04/02		\$43.00	\$0.00	E			
01/07/02		\$43.00	\$0.00	E			
01/14/02		\$43.00	\$0.00	E			
01/15/02		\$43.00	\$0.00	No EOB			
01/16/02		\$43.00	\$0.00	No EOB			
01/17/02		\$43.00	\$0.00	E			
01/18/02		\$43.00	\$0.00	E			
01/22/02		\$43.00	\$0.00	E			
01/23/02		\$43.00	\$0.00	No EOB			
01/24/02		\$43.00	\$0.00	E			
01/25/02		\$43.00	\$0.00	E			
01/28/02		\$43.00	\$0.00	No EOB			
01/30/02		\$43.00	\$0.00	E			
02/01/02		\$43.00	\$0.00	E			
02/05/02		\$43.00	\$0.00	No EOB			
02/06/02		\$43.00	\$0.00	E			
02/08/02		\$43.00	\$0.00	E			
02/11/02		\$43.00	\$0.00	E			
02/12/02		\$43.00	\$0.00	E			
02/14/02		\$43.00	\$0.00	E			
02/19/02		\$43.00	\$0.00	E			
02/20/02		\$43.00	\$0.00	E			
03/04/02		\$43.00	\$0.00	E			
03/12/02		\$43.00	\$0.00	E			
03/15/02		\$43.00	\$0.00	No EOB			
12/20/01	97250	\$43.00	\$0.00	No EOB	\$43.00	MGR (I)(A)(10); CPT Descriptor	<p>Medical documentation indicates that the services were rendered and billed according to the CPT descriptor. Therefore, reimbursement is recommended for the dates of service that have no EOBs, in the amount of <b>\$301.00</b>. (\$43.00 x7).</p> <p>According to the CCH dated 05/03/02, "On ____, claimant sustained a compensable injury to his lumbar spine. Therefore, for the dates of service denied "E", reimbursement is recommended in the amount of <b>\$430.00</b>. (\$43.00 x10).</p> <p>The total amount to be reimbursed for this CPT code is <b>\$731.00</b>.</p>
12/27/01		\$43.00	\$0.00	No EOB			
01/15/02		\$43.00	\$0.00	No EOB			
01/16/02		\$43.00	\$0.00	No EOB			
01/23/02		\$43.00	\$0.00	No EOB			
02/01/02		\$43.00	\$0.00	R			
02/05/02		\$43.00	\$0.00	No EOB			
02/06/02		\$43.00	\$0.00	E			
02/08/02		\$43.00	\$0.00	E			
02/11/02		\$43.00	\$0.00	E			
02/12/02		\$43.00	\$0.00	E			
02/14/02		\$43.00	\$0.00	E			
02/19/02		\$43.00	\$0.00	E			
02/20/02		\$43.00	\$0.00	E			
03/04/02		\$43.00	\$0.00	E			
03/12/02		\$43.00	\$0.00	E			
03/15/02		\$43.00	\$0.00	No EOB			

12/20/01	97110	\$105.00	\$0.00	No EOB	\$35.00 (15 minutes)	MFG MGR (I)(A)(10) CPT descriptor	<p>The provider billed CPT code 97110 in accordance with the Fee Guidelines.</p> <p>“Procedures (Supervision by the doctor or HCP, in either a group (97150) or one-to-one (97110-97139) setting is required.”</p> <p>The notes are descriptive of modalities performed, length of procedures, and response from injured worker on how the therapy session helped the claimant.</p> <p>However, the SOAP notes do not support any clinical (mental or physical) reason as to why the patient could not have performed his exercises in a group setting, with supervision, as opposed to one-to-one therapy. Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution Division indicate overall deficiencies in the adequacy of the documentation of this code. The disputes indicate confusion regarding what constitutes “one-on-one.”</p> <p>The Medical Review Division has reviewed the matters in light of all of the Commission requirements for proper documentation and concludes, there is insufficient documentation to allow reimbursement beyond one unit on each date of service. It would appear logical to reimburse 1 unit of a 1-1 code in order for the therapist to instruct the claimant on the exercise and to make sure that the claimant is doing them correctly. Therefore, reimbursement is recommended for the dates of service that have no EOBs, in the amount of <b>\$210.00.</b> (\$35.00 x 6).</p> <p>According to the CCH dated 05/03/02, “On ___, claimant sustained a compensable injury to his lumbar spine. Therefore, for the dates of service denied “E”, reimbursement is recommended in the amount of <b>\$315.00.</b> (\$35.00 x 9) utilizing the same rationale as above.</p> <p>Medical documentation indicates that the services were rendered. Therefore, reimbursement is recommended in the amount of <b>\$525.00.</b> (\$35.00 x 15).</p>
12/27/01		\$105.00	\$0.00	No EOB			
01/15/02		\$105.00	\$0.00	No EOB			
01/16/02		\$105.00	\$0.00	No EOB			
01/23/02		\$105.00	\$0.00	No EOB			
02/01/02		\$105.00	\$0.00	E			
02/05/02		\$105.00	\$0.00	No EOB			
02/06/02		\$105.00	\$0.00	E			
02/08/02		\$105.00	\$0.00	E			
02/12/02		\$105.00	\$0.00	E			
02/14/02		\$105.00	\$0.00	E			
02/19/02		\$105.00	\$0.00	E			
02/20/02		\$105.00	\$0.00	E			
03/04/02		\$105.00	\$0.00	E			
03/12/02		\$105.00	\$0.00	E			
03/15/02	97032	\$44.00	\$0.00	No EOB	MFG MGR (I)(A)(10) CPT descriptor	MFG MGR (I)(A)(10) CPT descriptor	<p>No EOBs were submitted, therefore, the charges will be decided as an “F”. The provider billed in accordance with MFG MGR and reimbursement is recommended in the amount of \$44.00. (\$22.00 each 15 minutes x 2)</p> <p>Total reimbursement for the date of service is <b>\$44.00.</b></p>
12/27/01	99213-MP	\$48.00	\$0.00	No EOB		MFG E/M GR (IV)(C)(2) CPT descriptor	<p>E/M GR indicates the appropriate level of service is based on; “...<b>TWO OF THE THREE KEY COMPONENTS</b> (as set out in the descriptors) shall meet or exceed the stated requirements to qualify for a particular level of E/M services: office, established patient; ...” and “Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of the three key components: an expanded problem focused history; an expanded problem focused examination; medical decision of low complexity.”</p> <p>Documentation indicates that the manipulations were rendered.</p> <p>Therefore, reimbursement is recommended in the amount of <b>\$240.00.</b> (\$48.00 x 5)</p> <p>According to the CCH dated 05/03/02, “On ___, claimant sustained a compensable injury to his lumbar spine. Therefore, for the dates of service denied “E”, reimbursement is recommended in the amount of <b>\$480.00.</b> (\$48.00 x10).</p> <p>The total amount to be reimbursed for this CPT code is <b>\$720.00.</b></p>
01/15/02		\$48.00	\$0.00	No EOB			
01/16/02		\$48.00	\$0.00	No EOB			
01/23/02		\$48.00	\$0.00	No EOB			
02/01/02		\$48.00	\$0.00	E			
02/05/02		\$48.00	\$0.00	No EOB			
02/06/02		\$48.00	\$0.00	E			
02/08/02		\$48.00	\$0.00	E			
02/11/02		\$48.00	\$0.00	E			
02/12/02		\$48.00	\$0.00	E			
02/14/02		\$48.00	\$0.00	E			
02/19/02		\$48.00	\$0.00	E			
02/20/02		\$48.00	\$0.00	E			
03/04/02		\$48.00	\$0.00	E			
03/12/02		\$48.00	\$0.00	E			

01/21/02 03/15/02	99213	\$48.00 \$48.00	\$0.00 \$0.00	No EOB No EOB	\$48.00	MFG E/M GR (IV)(C)(2) CPT descriptor	E/M GR indicates the appropriate level of service is based on; <b>“...TWO OF THE THREE KEY COMPONENTS</b> (as set out in the descriptors) shall meet or exceed the stated requirements to qualify for a particular level of E/M services: office, established patient; ...” and “ Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of the three key components: an expanded problem focused history; an expanded problem focused examination; medical decision of low complexity.” Documentation indicates that the services were rendered. Therefore, reimbursement is recommended in the amount of <b>\$96.00.</b> (\$48.00 x 2)
01/08/02 02/08/02 02/19/02	95851	\$36.00 \$36.00 \$36.00	\$0.00 \$0.00 \$0.00	E E E	\$36.00	MFG MGR (I)((E)(3)	According to the CCH dated 05/03/02, “On ___, claimant sustained a compensable injury to his lumbar spine. Therefore, for the dates of service denied “E”, reimbursement is recommended in the amount of <b>\$108.00.</b> (\$36.00 x3).
01/04/02 01/15/02 01/28/02 02/12/02 03/12/02	97750- MT	\$43.00	\$0.00	E No EOB No EOB E E	\$43.00 (each 15 minutes)	MFG E/M (IV)(A)(1) CPT descriptor	According to the referenced Rule: “When the doctor performs a complete diagnostic service during an office visit (e.g, technical and professional component of a study), both components of the service shall be reimbursed in addition to the office visit.” Medical documentation indicates that the services were rendered and billed according to the CPT descriptor. Therefore, reimbursement is recommended in the amount of <b>\$86.00.</b> (\$43.00 x 2).  According to the CCH dated 05/03/02, “On ___, claimant sustained a compensable injury to his lumbar spine. Therefore, for the dates of service denied “E”, reimbursement is recommended in the amount of <b>\$215.00.</b> (\$43.00 x5).  The total amount to be reimbursed for this CPT code is <b>\$301.00.</b>
01/23/02	99082	\$17.00	\$0.00	No EOB	DOP	TWCC Rule 134.6 (a)	The Rule states, “When it becomes reasonably necessary for an injured employee to travel in order to obtain reasonable and necessary medical care for the injured employee’s compensable injury, the <b>injured employee</b> may request reimbursement from the insurance carrier in the form, format, and manner required by the Commission.” Therefore, the provider is not allowed to bill for this service. Reimbursement <b>is not</b> recommended for the CPT code in dispute.
03/13/02	97750-FC	\$200.00	\$0.00	E	\$100.00 (per hour)	MFG MGR (I)(2)	According to the CCH dated 05/03/02, “On ___, claimant sustained a compensable injury to his lumbar spine. Therefore, for the dates of service denied “E”, reimbursement is recommended in the amount of <b>\$200.00.</b> (\$100.00 x 2 hours).
<b>Totals</b>		\$5,653.00	\$0.00				The Requestor <b>is</b> entitled to reimbursement in the amount of <b>\$4,602.00.</b>

The above Findings and Decision are hereby issued this 6<sup>th</sup> day of December 2002.

Michael Bucklin  
Medical Dispute Resolution Officer  
Medical Review Division

Mb/mb

**V. ORDER**

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$4,602.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 6<sup>th</sup> day of December 2002.

Carolyn Ollar  
Supervisor Medical Dispute Resolution  
Medical Review Division

CO/mb